

Exchange Stakeholder Work Group  
Monday December 10, 2012  
Meeting Minutes – 8:00am

Owen Heleen, Jim Beasely, Elaine Jones, Vivian Weissman, Tim Bonin, Steve DeToy, Rich Glucksman, Tina Spears, Stacy Paterno, Sadie Decourcey, Rebecca Kislak, Lauretta, Amanda Clarke, Chris Kent, Terrie Martiesian, Jeff Minemo, Kimberly Hadsell, Deb Jacobsen, Sunaina Maxima

- I. Welcome
- II. Contact Center Update – Meg Ivatts
  - a. Ms. Ivatts stepped forward to discuss a bit about the contact center, an assisted service place to support individuals going through the exchange. While it will be a great self-service web portal, folks will need to call. The Contact Center RFP is out to the Advisory Board for review, and we are awaiting reply from purchasing soon so that we may share it with you for formal public comment.
- III. Overview of Focus Groups - Megan Hall
  - a. Ms. Hall discussed the focus groups, which are designed to truly work to solicit public feedback, broad information about health reform knowledge, and what they would be willing to test out. Various demographics will be tested in consumer groups, and various demographic groups of those working in the health field. We also have a focus group around small businesses to see what they need from the exchange. This is our initial stab at public feedback in this way, and there will be future groups, a survey in the spring.
  - b. Ms. Hall shared some of the questions they'll be using in their survey such as "if your health was improving, how would you know?" Another one is "let's say RI has taken a number of steps to improve healthcare in the state, what would you take as a sign that the steps are working?"
  - c. Tina Spears: concerned that a lot of Rhode Islanders take sick days when they're not sick. Maybe ask about motivations and energy and Megan suggested it's also about job satisfaction. Get the parent gauging health...
  - d. Steve DeToy: I feel some of the questions you have asked you can already measure, when you get ore esoteric it is more opinionated than subjective. Also keep it simple – don't build a Rolls Royce, build something everyone can use easily. If they need information about a health plan they can go into the website. If you encumber the

exchange with too much stuff we are duplicating thing. Avoid clutter. Use pictures and symbols as opposed to paragraphs of information.”

- e. From a business standpoint, missed work is a huge factor and an indicator of wellness form society. People want to be able to work, I think they want a plan that will allow them to keep working and maintain wellness, whether it be weekend hours for visits, access to care in the evening etc. The travel industry has a uniform set of icons to indicate if something is offered – use it as a model.
- f. Rich Glucksman: Are there thoughts on the information connecting between the two concepts of health care and health providers so there is an understanding.
- g. Family friendly access and hours.
- h. Steve DeToy: Also important to think about why you feel the need to explain everything – explain what is key, but don’t inundate with information they do not want.
- i. Targeted marketing to the persons who make decisions about health care in the family. You have moved away a bit from the indicators to the components, but going back to the indicators, what are they? The following replies came:
  - i. Access to health care, appointment when I need it.
  - ii. Access to well visits.
  - iii. Cost – hopefully if the system is working with either the premium will go down or there will be adjustments somewhere.
  - iv. Hospital admissions and readmissions defined as for the same related illness.
  - v. Healthcare consumers perception of the well system – how well does that work for me. Does the system work for referrals? What are discharge procedures and does it work for caregivers.
  - vi. Ask the consumer if they feel they have seen the right doctor, at the right time, at the right price. These are fiscally quantifiable at the beginning.
  - vii. Understanding of health insurance – measurement for products on the exchange after use.
  - viii. Use of electronic medical records by all around providers.
  - ix. Be sure to include focus groups of multiple populations, even smaller groups such as SE Asian population, Portuguese population, disabled etc.

#### IV. Blueprint Update –

- a. Will be sent to the federal government this week, and you will receive a copy once we hit send. This blueprint is documenting the process, but it is not set in stone.

V. Director's Update

- a. What is a fully functioning exchange? By many definitions, that will not be up by October 1, 2013. By that date, a functioning exchange will be up, but with room for continued growth and improvement. While going through the vision and the mission as provide by the Advisory Board after much conversation, we look at these to see how they will be ready by next year. Then there are the goals, principles. We want to look at each of these to try to articulate what is a fully functioning exchange – some things will take time, will take years, but some will indeed be present on the day we launch the exchange next year. Portions of the exchange will develop and grow to a more robust, fully functioning exchange. Will eventually provide a document to you all to see where we envision things being plugged into the exchange. When we have specific conversations with our groups on these issues, there are points that may change, and we can inform some of the cells, and we will also share with you the vision/mission document once again.

VI. Questions

- a. How is the collaboration across agencies going?
  - i. Director Ferguson replied that interagency collaboration continues to improve. Always tough to work through the leadership roles and be sure that we are all in the right lanes, but the goal is clear for all of us, and would not want operational issues to sink the progress.

VII. Public Comment – No further public comment offered at this time.

VIII. Adjourn